

1915(b) Amendment – Compliance with Medicaid Managed Care Regulation

Instructions

This waiver preprint is for a state's use in submitting an amendment to bring its section 1915(b) managed care waiver program into compliance with the Medicaid Managed Care Regulation, including 42 CFR Part 438.

Waivers that must be amended: This amendment should only be used if the waiver authorizes programs involving:

- MCO (Managed Care Organizations)
- PIHP (Prepaid Inpatient Health Plans)
- PAHP (Prepaid Ambulatory Health Plans)
- PCCM (Primary Care Case Management)

Waivers that do not need to be amended: It is not necessary to submit this amendment if the waiver is a 1915(b)(4) waiver which involves selective contracting of fee-for-service providers such as hospitals, or transportation brokers that are not prepaid.

Cost Effectiveness: States need not revise the cost effectiveness analysis of the waiver in this amendment. It will need to be revised in the next waiver renewal submission.

Multiple programs. This amendment can be used for a combination of capitated and PCCM programs. However, not all programs will fit each and every item, or the answer to a given item may be different for PCCM versus a capitated program. If the state's response differs for either the Capitated or PCCM program, please check the box if applicable and add narrative below to describe to which program(s) the checked box applies and how.

Single program. Many areas of the preprint apply to all entity types (e.g. enrollment, information). However, if a given section does not apply to the type of entity in a single program waiver, please respond by either inserting "Not Applicable" or deleting the item(s).

Assurance of compliance with requirements. The preprint includes assurances with compliance with applicable federal statutory, regulatory, and policy requirements related to managed care.

Exception: If the state is requesting a waiver of a provision of a federal managed care requirement, it must add language at the end of the assurance stipulating the waiver being requested, and what, if anything, the state will do instead.

Detail on discretionary items. In areas where a State has discretion, the State must describe what method it uses. For example, 42 CFR 438.10(c)(1) requires the State to identify prevalent non-English languages, but gives the State discretion in what methodology to use.

How to submit

What to include in submission.

- Signed cover letter from the Governor, state cabinet members responsible for state Medicaid activities, the Director of the state Medicaid agency, or someone with authority to submit waiver requests on behalf of the Director
- This amendment.

Number of copies/format. Please submit the following to the CMS Central Office:

- One original hard copy of the waiver preprint and attachments
- One electronic copy of the waiver and any attachments available electronically
- Four (4) copies of any waiver attachments not available electronically

At the same time, send at least one hard copy of the waiver request to the appropriate CMS Regional Office.

Where to send. For MCO programs and PCCM programs; and PAHP programs covering dental or transportation services:

CMS, Center for Medicaid and State Operations
Attn: Director, FCHPG, Division of Integrated Health Systems
7500 Security Boulevard
Baltimore, MD 21244

For PIHP/PAHP programs focusing on Behavioral Health or Elderly and Disabled populations:

CMS, Center for Medicaid and State Operations, DEHPG
Attn: Director, Division of Integrated Health Systems
7500 Security Boulevard
Baltimore, MD 21244

Amendment

Section A. General Information

The State of Washington requests an amendment to bring its MCO, PIHP, PAHP, and/or PCCM programs operated under section 1915(b) authority into compliance with the new Medicaid Managed Care regulation, especially 42 CFR Part 438.

The waiver program is called the Washington State Disease Management Program. Please indicate below which types of managed care programs are included in the waiver. If there is more than one type of program for a given entity type (e.g. waiver authorizes two types of PAHP programs such as dental and transportation), please identify each.

___ MCO
___ PIHP
X PAHP
___ PCCM

State Contact: The State contact person for this waiver is Alison Robbins and can be reached by telephone at (360)725-1634, or fax at (360) 753-7315, or e-mail at robbiaa@dshs.wa.gov. (Please list for each program)

I. Choice of MCOs, PIHPs, PAHPs, and PCCMs.

___ The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.52 which require that a State that require Medicaid recipients to enroll in an MCO, PIHP, PAHP, or PCCM must give those recipients a choice of at least two entities.

___ The State seeks an exception for rural area residents under 42 CFR 438.52(b), and assures CMS that it will meet the requirements in that regulation, including choice of physicians or case managers, and ability to go out of network in specified circumstances.

___ The State will use the rural exception to choice in the following areas ("rural area" must be defined as any area other than an "urban area" as defined in §412.62(f)(1)(ii)):

II. Marketing

Marketing includes indirect MCO/PIHP/PAHP or PCCM administrator marketing (e.g., radio and TV advertising for the MCO/PIHP/PAHP or PCCM in general) and direct MCO/PIHP/PAHP or PCCM marketing (e.g., direct mail to Medicaid beneficiaries).

For all programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.104 Marketing activities; in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, PAHP, or PCCM contracts for compliance with the provisions of 42 CFR 438.104 Marketing activities and these contracts are effective for the period 08/13/03 to 06/30/05.

III. Enrollment and Disenrollment

For all programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.56 Disenrollment; in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, PAHP, or PCCM contracts for compliance with the provisions of 42 CFR 438.56 Disenrollment requirements and these contracts are effective for the period 08/13/03 to 06/30/05.

Enrollment Broker

— The State contracts with an independent contractor(s) (i.e., enrollment broker) to conduct choice counseling and the enrollment process. The State assures CMS that that it is in compliance with Federal Regulations found at 42 CFR 438.810 Expenditures for Enrollment Broker Services, in so far as these regulations are applicable.

Section B: Access and Capacity

I. Timely Access Standards

For MCO, PIHP, or PAHP programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.206 Availability of Services; in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, or PAHP contracts for compliance with the provisions of 42 CFR 438.206 Availability of Services and these contracts are effective for the period 08/13/03 to 06/30/05.

II. Capacity Standards

For MCO, PIHP, or PAHP programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.207 Assurances of adequate capacity and services, in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, or PAHP contracts for compliance with the provisions of 42 CFR 438.207 Assurances of adequate capacity and services and these contracts are effective for the period 08/13/03 to 06/30/05.

III. Coordination and Continuity of Care Standards

For MCO, PIHP, or PAHP programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.208 Coordination and Continuity of Care, in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, or PAHP contracts for compliance with the provisions of 42 CFR 438.208 Coordination and Continuity of Care and these contracts are effective for the period 08/13/03 to 06/30/05.

Additional services for enrollees with special health care needs.

___ The plan is a PIHP/PAHP, and the State has determined that based on the plan's scope of services, and how the State has organized the delivery system, that the PIHP/PAHP need not meet the requirements for additional services for enrollees with special health care needs in 42 CFR 438.208. Please provide justification for this determination.

X Identification. The State has a mechanism to identify persons with special health care needs to MCOs, PIHPs, and PAHPs, as those persons are defined by the State. Please describe.

The State and the PAHPs identify clients who meet the criteria for the Disease Management program using claims and eligibility data. Those clients who have one of the diseases served by the DM program (asthma, diabetes, heart failure, ESRD/CKD) are identified by claims data in the MMIS system.

X Assessment. Each MCO/PIHP/PAHP will implement mechanisms, using appropriate health care professionals, to assess each enrollee identified by the State to identify any ongoing special conditions that require a course of treatment or regular care monitoring. Please describe.

Each client who has been determined eligible for DM services is assessed either via telephone or face-to-face, depending on the severity of his or her condition, based on claims data. Each client who elects to participate in the DM program is assigned a risk level. Intervention, education and coordination services are provided based on the risk level.

X Treatment Plans. For enrollees with special health care needs who need a course of treatment or regular care monitoring, the State requires the MCO/PIHP/PAHP to produce a treatment plan. If so, the treatment plan meets the following requirements:

1. __ Developed by enrollees' primary care provider with enrollee participation, and in consultation with any specialists' care for the enrollee
2. __ Approved by the MCO/PIHP/PAHP in a timely manner (if approval required by plan)
3. __ In accord with any applicable State quality assurance and utilization review standards.

Treatment plans are developed by the PAHPs' DM nurses, based on algorithms for care depending on the enrollee's risk level. Enrollees, their Primary Care Providers, and other providers are invited to participate in the development of the treatment plan, and in ongoing monitoring of the enrollee's condition.

__ Direct access to specialists. If treatment plan or regular care monitoring is needed, MCO/PIHP/PAHP has a mechanism in place to allow enrollees to directly access specialists as appropriate for enrollee's condition and identified needs.

NOTE: The PAHPs monitor enrollees' care based on assessed risk level, and may assist enrollees in accessing specialty care; however, the PAHPs do not have control over authorization or payment for specialty services. All medical costs are authorized (if necessary) and paid fee-for-service by the State.

Section C: Quality

For MCO or PIHP programs:

42 CFR 438.202 requires that each State Medicaid agency that contracts with MCOs/PIHPs submit to CMS a written strategy for assessing and improving the quality of managed care services offered by all MCOs and PIHPs.

__ The State assures CMS that this quality strategy was submitted on ____.

__ The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.202, 438.204, 438.210, 438.214, 438.218, 438.224, 438.226, 438.228, 438.230, 438.236, 438.240, and 438.242 in so far as these regulations are applicable.

__ The CMS Regional Office has reviewed and approved the MCO or PIHP contracts for compliance with the provisions of 42 CFR 438.202, 438.204, 438.210, 438.214, 438.218, 438.224, 438.226, 438.228, 438.230, 438.236, 438.240, and 438.242 and these contracts are effective for the period ____ to ____.

For PAHP Programs

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.210, 438.214, 438.218, 438.224, 438.226, 438.228, 438.230 and 438.236, in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the PAHP contracts for compliance with the provisions of 42 CFR 438.210, 438.214, 438.218, 438.224, 438.226, 438.228, 438.230 and 438.236 and these contracts are effective for the period 08/13/03 to 06/30/05.

Section D: Cost Effectiveness

For MCO, PIHP, or PAHP Programs

X The State assures CMS that its capitation rates comply with 42 CFR 438.6(c), Actuarially Sound Rates.

X The CMS Regional Office has reviewed and approved the capitation rates in the MCO, PIHP, or PAHP contracts for compliance with the provisions of 42 CFR 438.6(c) Actuarially Sound Rates and these contracts are effective for the period 08/13/03 to 06/30/05.

Section E. Fraud and Abuse

For MCO or PIHP programs:

___ The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.608 Program Integrity Requirements, in so far as these regulations are applicable.

___ State payments to an MCO or PIHP are based on data submitted by the MCO or PAHP. If so, the State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.604 Data that must be Certified; 438.606 Source, Content , Timing of Certification.

___ The CMS Regional Office has reviewed and approved the MCO or PIHP contracts for compliance with the provisions of 42 CFR 438.604 Data that must be Certified; 438.606 Source, Content , Timing of Certification; and 438.608 Program Integrity Requirements these contracts are effective for the period ___ to ___.

For all Programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.610 Prohibited Affiliations with Individuals Barred by Federal Agencies.

Section F. Special Populations

No changes are needed to bring this section into compliance with 42 CFR Part 438.

Section G. Grievances and Fair Hearings

For MCO or PIHP programs:

MCOs/PIHPs are required to have an internal grievance system that allows an enrollee or a provider on behalf of an enrollee to challenge the denial of coverage of, or payment for services as required by 1932(b)(4) of the Act.

____ The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438 Subpart F Grievance System, in so far as these regulations are applicable.

____ The CMS Regional Office has reviewed and approved the MCO or PIHP contracts for compliance with the provisions of 42 CFR 438 Subpart F Grievance System these contracts are effective for the period ____ to ____.

For all Programs

X The State assures CMS that is in compliance with Federal Regulations found at 42 CFR 431 Subpart E State Fair Hearing Process.

Section H – Enrollee Information and Rights

I. Information to Potential Enrollees and Enrollees

For all programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438.10 Information requirements; in so far as these regulations are applicable.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, PAHP, or PCCM contracts for compliance with the provisions of 42 CFR 438.10 Information requirements and these contracts are effective for the period 08/13/03 to 06/30/05.

X Potential enrollee and enrollee materials will be translated into the languages listed below (If the State does not require written materials to be translated, please explain):

The State defines prevalent non-English languages as: (check any that apply):

1. ____ The languages spoken by significant number of potential enrollees and enrollees. Please explain how the State defines “significant.”
2. X The languages spoken by approximately 10% percent or more of the potential enrollee/ enrollee population.

The State uses as a guideline for translation of materials the Office of Civil Rights (OCR) Policy Guidance, that directs the covered entity to translate materials if ten percent, or 3,000 enrollees, whichever is less, of the population of persons eligible to be served or likely to be directly effected by the recipient/covered entity's program. The five most "prevalent" languages in Washington are: Spanish, Vietnamese, Chinese, Russian and Cambodian.

In addition to providing translated materials to enrollees when necessary, PAHPs are required to make all materials available in a manner that the enrollee can understand, whether it means translation, large-print or Braille materials or having the materials interpreted orally for the enrollee.

3.____ Other (please explain):

X Please describe how oral translation services are available to all potential enrollees and enrollees, regardless of language spoken.

Any enrollee who does not speak or understand English may have an interpreter provided at the State's cost. The PAHPs are responsible for arranging for the interpreters when necessary.

X The State will have a mechanism in place to help enrollees and potential enrollees understand the managed care program. Please describe.

All materials provided by the State are translated into the 5 "primary" languages, and others if necessary. Additionally, enrollees may call the state's customer service center and speak to a customer services representative through an interpreter if necessary.

Potential Enrollee Information

Information is distributed to potential enrollees by:

X State
X contractor (please specify) _____

All eligible clients are enrolled in the program, with the ability to "opt-out" (voluntarily disenroll) at any time. Each new enrollee receives an introductory letter from the state, briefly describing the program, and why the enrollee has been enrolled. The material also includes information about how to disenroll, and how to request a Fair Hearing.

Additionally, enrollees receive a packet of information from the DMO, describing their program more completely and giving contact numbers for the state and for the PAHP.

Enrollee Information

X The State has designated the following as responsible for providing required information to enrollees:

- (i) X the State or its contractor
- (ii) X the MCO/PIHP/PAHP/PCCM

NOTE: The State and the PAHP both have responsibilities for disseminating enrollee information.

II. Enrollee rights

For all programs:

X The State assures CMS that it is in compliance with Federal Regulations found at 42 CFR 438 Subpart C Enrollee Rights and Protections.

X The CMS Regional Office has reviewed and approved the MCO, PIHP, PAHP, or PCCM contracts for compliance with the provisions of 42 CFR Subpart C Enrollee Rights and Protections, and these contracts are effective for the period 08/13/03 to 06/30/05.